

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



Encountering Diabetic Emergencies: A Roll Call Video for Law Enforcement

Of the more than 1.4 million people in Texas diagnosed with diabetes, many will experience low blood sugar (hypoglycemia) which can cause slurred speech, confusion, irrational behavior and dazed appearance. The symptoms of hypoglycemia can be easily mistaken for intoxication.

Untreated hypoglycemia is a medical emergency that can lead to unconsciousness, brain damage or death. A quick response is necessary to avoid complications.

That's why the Texas Diabetes Council (TDC) has created a short 4-minute roll call video, "Encountering Diabetic Emergencies," to illustrate how diabetic hypoglycemia might appear during a routine traffic stop and explain what law enforcement officers can do if they encounter someone with this medical emergency.

The TDC encourages police chiefs and training officers to schedule screenings of the video during roll call or other training opportunities dealing with emergency response. As a reminder of the information presented in the video, the TDC provides free spiral notebooks with quick-reference covers describing symptoms of low blood sugar and what to do for someone with low blood sugar.

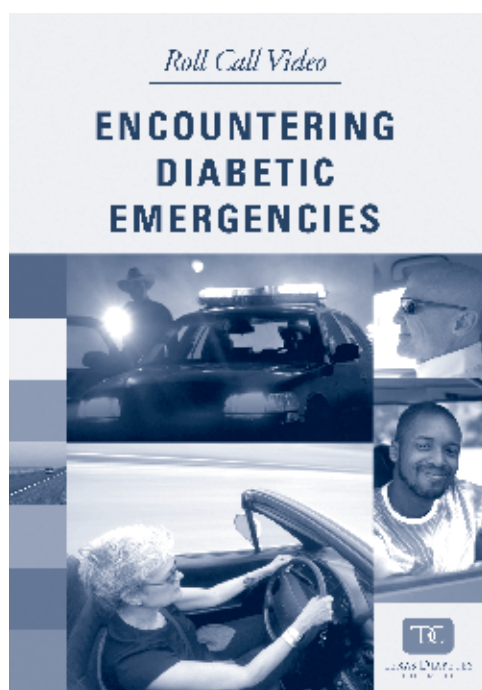
If a person with diabetes is experiencing low blood sugar and can swallow, it's important that he or she be given a fast-acting sugar source as soon as possible, repeating every 15 minutes until the person returns to normal. Fast-acting sugar sources include:

- 6 oz (half can) of soda (**not diet**)
- ½ cup (4 oz) fruit juice
- 4-6 hard candies (such as peppermint)
- 1-2 tablespoons of honey or sugar

If the individual is unconscious, they should be transported to the hospital immediately.

How to order "Encountering Diabetic Emergencies" and quick-reference spiral notebooks:

Police chiefs, training officers, and other law enforcement personnel can receive free copies of the "Encountering Diabetic Emergencies" roll call video (DVD) along with copies of the spiral notebook by agreeing to show the video during roll call, in-service trainings or other events. Simply complete the request form found online at www.dshs.state.tx.us/diabetes/lawenforcement.shtm. The video may also be viewed online at the same address. ■



SPRING 2008

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Texas Diabetes

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TEXAS DIABETES
COUNCIL

Six Texas HMOs Recognized for Diabetes Care

AUSTIN - The Texas Diabetes Council recognized Texas health maintenance organizations (HMOs) for above average, comprehensive diabetes care at its quarterly meeting on January 24, 2008.

According to the *Guide to Texas HMO Quality: 2006*, six HMOs exceeded the state average for all six HEDIS® performance measures relating to comprehensive diabetes care:

- **FirstCare, Lubbock market**
- **HMO Blue Texas**
- **Humana Health Plans of Texas, Austin & San Antonio markets**
- **Pacificare of Texas, San Antonio/Houston and Dallas/Austin markets**
- **Scott and White Health Plan**
- **Valley Baptist Health Plan**

Recognition is based on performance charts published in the *Guide to Texas HMO Quality: 2006*. This report reflects the experience of Texans in HMOs during 2005. The guide is published annually by the Texas Office of Public Insurance to assist employers and consumers in selecting HMO coverage and is online at: www.dshs.state.tx.us/thcic/publications/HMOs/HMOReports.shtm.

Visit online to learn more about the TDC HMO Recognition Program: <http://www.dshs.state.tx.us/diabetes/hmorecog.shtm>. ■

Percentage of members 18 through 75 years of age with type 1 or type 2 diabetes using the HMO who ...	Texas Average 2006	National Average 2006*
had one or more HbA1c tests conducted within the past year.	82.5%	87.5%
had their most recent HbA1c level greater than 9 percent during the past year.**	57.0%	29.7%
had an eye screening for diabetic retinal disease within the past year.	35.5%	54.8%
had their most recent LDL-C level less than 130 mg/dL within the past two years.	45.1%	67.5%
had a LDL-C test done within the last two years.	88.6%	92.3%
had screening for nephropathy or evidence of already having nephropathy within the past year.	45.8%	55.1%

*National averages are presented as goals for the state.

**The Texas Diabetes Council recommends A1c <6 %. While higher percentages for other diabetes performance measures indicate improved performance, a lower percentage for this measure is favorable.

TDC Chair, Victor Gonzalez, MD, presented certificates to representatives of recognized HMOs attending the January quarterly meeting:



Keith Lundien, FirstCare



(From left) Kathie Bacqué, Carolyn Zamora, Evelyn Teague, Humana Health Plans of Texas



Kate Stalzer, HMO Blue Texas



(From left) Candus Ater, Sandra Rutherford, Scott & White Health Plan

New Advisory Committee Discusses State Program for Assessing Risk for Type 2 Diabetes Among Youth

Nine years ago, the University of Texas-Pan American Border Health Office was required by state legislation to establish an acanthosis screening pilot program in Texas schools in El Paso, Hudspeth, Cameron, Hidalgo, Jim Hogg, Starr, Webb, Willacy and Zapata counties.

Subsequent legislation required that the ANTES (Acanthosis Nigricans: The Education and Screening Program) be expanded to include students in eleven of the twenty Education Service Center (ESC) regions in the state. Risk assessment training has been provided to more than 5,000 school nurses in these regions who assess more than 700,000 students each year for risk factors associated with diabetes when conducting vision, hearing and spinal screenings.

During the 80th Legislative Session, SB 415 was passed, which changed the name of the ANTES program to the “Type 2 Diabetes Risk Assessment Program” and established membership of a new program advisory committee appointed by the UT–Pan American Border Health Office and the Texas Diabetes Council. At their initial meeting in Austin this past February, committee members reviewed program accomplishments and discussed how data collected is being used to improve the health of students.

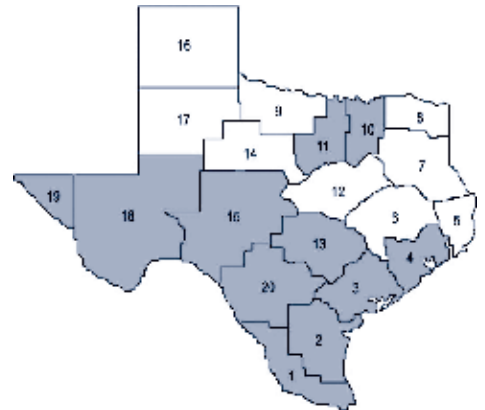
Acanthosis nigricans (AN), a hyperkeratinization of the skin, is a cutaneous marker associated with hyperinsulinemia and insulin resistance – conditions associated with type 2 diabetes. The risk assessment program screens for AN and conducts assessments of body mass index (BMI) and blood pressure for children determined to have AN. School nurses provide parents of children found to have AN a medical referral that includes all screening results and advise them to seek further evaluation from a health care provider.

Dr. Stephen Ponder, Director of Driscoll Children’s Hospital in Corpus Christi, is a medical advisor to the program and current advisory committee member. Ponder discussed the significance of identifying AN as a way of getting parents to recognize a potential threat to their child’s health.

“Not everyone who has AN has diabetes, but, in South Texas, it’s a medical diagnosis that gets the attention of parents and motivates them to bring their children in for evaluation,” said Ponder. “In a culture that often associates overweight children with good health and thinner children with sickness, weight issues are less likely to cause concern.”

Along with education for nurses administering the screening program, physician education has been identified as critical to the screening process. When a child is referred, the physician also receives an explanation of the assessment so he or she can accurately recommend a course of action for parents and is informed that the child’s visit may be reimbursed under Medicaid using CPT Code 701.2 *Acquired Acanthosis Nigricans*. The graph below shows how the program has impacted doctor visits for AN since 1999.

ESC Regions currently implementing risk assessment:

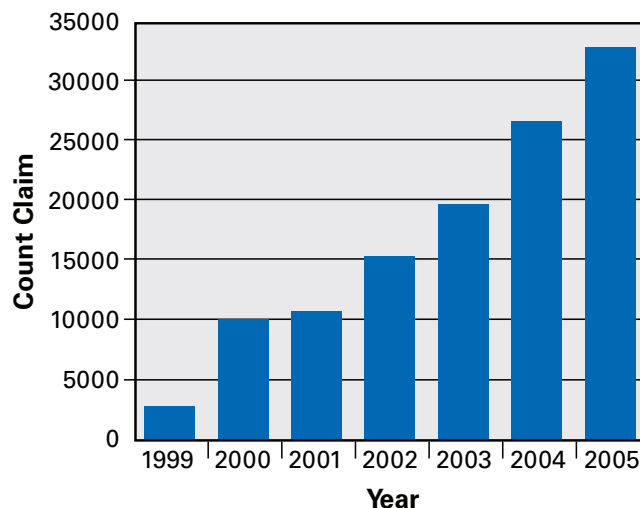


On the school front, committee members Mary Baumann, Director of Youth Markets for the American Diabetes Association and a former PE teacher, and Julia Soper, RN, Director of Health Sciences at Pharr-San Juan-Alamo ISD, have provided training and support for the program.

“The screening program has provided an identification process that schools need to support weight management and intervention programs for students at risk for type 2 diabetes,” said Baumann. “It opens discussion with parents about the reality of their child’s weight issues and the importance of personal intervention strategies and can be used to support coordinated school health efforts.”

Continued Page 5

Acanthosis Nigricans CPT Code 701.2 Claim Count among children 0-17 years old (Texas Medicaid FY 1999-2000)



The Alamo Association of Diabetes Educators and Texas Diabetes Institute Present: The Second Annual Seminar on Diabetes Management During a Disaster

"Developing A Coordinated Response When Working With Chronically Ill Patients"

SATURDAY MAY 31, 2008
TEXAS DIABETES INSTITUTE
701 SOUTH ZARZAMORA
SAN ANTONIO, TEXAS 78207

Learn more about the planning of city and regional emergency responses and shelter care for evacuees with special needs such as diabetes. Health care professionals will

- receive an emergency preparedness tool kit derived from multiple government web sites to prepare themselves, their families and their patients for a successful response to emergencies
- learn how they can volunteer to help with relief efforts during emergencies
- visit vendor exhibits relating to diabetes and emergency care.

For more information, contact the Texas Diabetes Institute Professional Training Program at 210-358-7398. Online registration coming soon to www.TexasDiabetesInstitute.com/ptp. ■

TDC broadcasts prevention message for American Diabetes Alert Day

In March, the Texas Diabetes Council released five new public service announcements for radio focusing on the prevention of type 2 diabetes and its complications. The new spots first aired on Diabetes Alert Day, March 25th, with

messages related to pre-diabetes, risk factors for diabetes, preventing diabetes through physical activity and healthy eating, and complications of diabetes.

New PSAs for Spanish radio feature the National Diabetes Education Program (NDEP) campaign theme *Prevenamos la diabetes tipo 2. Paso a Paso (Prevent type 2 diabetes. Step by Step)*.

For American Diabetes Alert Day, NDEP and the TDC promoted *Your GAME PLAN to Prevent Type 2 Diabetes: Information for Patients*, which includes a fat and calorie counter and physical activity tracker, plus more tips to help patients lower their risk for type 2 diabetes. Patients can get a free copy of this publication by calling the NDEP at 1-888-693-NDEP (6337) or view it online at http://ndep.nih.gov/campaigns/SmallSteps/gameplan/gp_booklet.htm.

TDC radio PSAs aired in April on stations across the state and can be heard online at <http://www.dshs.state.tx.us/diabetes/media.shtm>. ■

Baylor College of Medicine is designated an NIH Diabetes Center

HOUSTON – In January, the National Institutes of Health designated Baylor College of Medicine (BCM) in Houston as a Diabetes and Endocrinology Research Center, providing the College with the resources to advance efforts in finding a cure for diabetes. BCM is the only NIH diabetes center in the state of Texas—and one of only 17 in the country. As a member of the network, BCM collaborates with other centers across the country and acts as a national resource on diabetes and diabetes research.

Strengths in the research areas of nutrient metabolism, transcriptional regulation and behavioral research, as well as the College's ability to develop a multi-institutional approach to enhance community awareness, are credited with qualifying BCM for the designation.

Joining the NIH network of programs will give BCM up to \$5 million over five years to accelerate its diabetes initiatives.

"The designation will allow Baylor's diabetes program to grow, especially in the areas of clinical and translational research and in genomic medicine and metabolomics as related to diabetes," said Dr. Lawrence Chan, chief of the division of diabetes, endocrinology and metabolism at BCM. "This also will enable us to establish new collaborative research programs across all clinical and basic science departments and potentially bring more research dollars to the center."

The biomedical research base for the center consists of 57 researchers in 10 different departments of the college. The designation allows BCM to serve as a resource for Texans affected by diabetes and increase awareness through community lectures and symposiums. The center will support new investigators, established investigators with high-risk, high impact projects in diabetes and also investigators in non-diabetes research who wish to pursue a diabetes-related project.

More than 20,000 square feet of space in the new Margaret M. Alkek Building for Biomedical Research will be dedicated to diabetes and metabolism research, which has been identified by the College as an area of focus. The eight-floor research building, located on the main BCM campus, was completed earlier this month, and scientists are now moving into the building.

The centers are part of an integrated program of diabetes and related endocrinology and metabolism research overseen by the National Institute of Diabetes and Digestive and Kidney Diseases, a part of the NIH.

There are only 17 centers nationwide. Ten are biomedical research-focused centers, and seven are training centers that have an added component of translational and clinical research. All are required to have an existing base of high quality diabetes-related research as a primary requirement for establishment of either type of center.

For more information about diabetes research at BCM, visit the web at <http://www.bcm.edu/news/packages/diabetesresearch.cfm>. ■

National Kidney Disease Education Program (NKDEP) News

Key Organizations Unite to Support eGFR Reporting

The American Society of Nephrology (ASN) partnered with NKDEP and other organizations to send a letter urging nephrologists to support and help facilitate the reporting of estimated glomerular filtration rate (eGFR) by all hospital and commercial clinical laboratories in the United States. Other partners include the American Association for Clinical Chemistry, American Diabetes Association and College of American Pathologists.

Mailed to ASN's membership in advance of World Kidney Day, the letter highlights recent data from the MDRD Study and emphasizes the superiority of using the eGFR formula over serum creatinine alone for assessing kidney function.

To view the letter, please visit www.asn-online.org/newsletter/renal_express/2008/sl.pdf.

Explaining the Connection Between CKD and CVD

Dr. Griffin Rodgers, director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and Dr. Andrew Narva, director of NKDEP, spoke about the connection between CKD and cardiovascular disease (CVD) in a recent National Institutes of Health podcast and vodcast, respectively.

Among the topics discussed were the common risk factors between the two conditions; the increased risk of CVD among patients with CKD—and vice versa; and the steps that people with CKD can take to reduce their risk for CVD. They also highlighted NIDDK research efforts that are striving to explain this connection and programs that aim to improve health outcomes related to CKD and CVD. Both episodes were released on February 8th, in observance of American Heart Month.

To view/hear these episodes and to read the transcripts, please use the following links:

Dr. Rodgers' Podcast (Episode #0051): www.nih.gov/news/radio/podcast/2008/archiveindex.htm#e0051.

Dr. Narva's Vodcast (Episode #0010): www.nih.gov/news/vodcast/2008/archiveindex.htm#e0010. ■

Diabetes and Depression CE Opportunity Now Available on DiabetesAtWork.org

Recent studies have shown that people with diabetes have a higher risk of developing depression and that adults with depression are 37 percent more likely to develop type 2 diabetes. Depression can impact a person's ability to perform tasks, communicate and think clearly – attributes that a person needs to operate in the workplace.

Currently, only 30 percent of people diagnosed with depression and diabetes receive adequate treatment for depression, yet treatment can alleviate debilitating symptoms in most individuals. Employers can be instrumental in assisting their employees with getting help.

In response to this issue, DiabetesAtWork.org now features continuing education materials on recognizing and dealing with diabetes and depression in the workplace.

In addition, health care professionals and health educators can earn valuable Continuing Education (CE) credits for reviewing these new pages. To learn more about diabetes and depression, and to earn CE credits, go to www.diabetesatwork.org/DiabetesResources/DiabetesandDepression.cfm. ■

New Advisory Committee . . . Continued from Page 3

Other committee members include a school principal and district superintendent, school nurses from urban and rural schools and representatives of Education Services Centers, Texas Education Agency, Texas Pediatric Society, UT-Pan American, Texas Medical Association and the Texas Diabetes Council.

Among their charges, the committee will

- **recommend who is responsible for conducting risk assessments for schools who do not employ a school nurse.**
- **advise UT-Pan American Border Health Office on the age groups for risk assessment.**
- **make recommendations for recording and reporting the number of children identified in risk assessment.**
- **contribute information regarding the program and children at risk for type 2 diabetes to the Texas Diabetes Council's Plan to Prevent and Control Diabetes in Texas.**
- **report recommendations for quality improvement to be implemented as funds allow.** ■

**Limited quantities
remain of TDC Diabetes
Tool Kit for health care
professionals**

In March, the last copies of the 4th Edition TDC Diabetes Tool Kit with 3-ring binder were shipped out, but you can still get a printed version without the binder. Health care professionals can order shrink-wrapped copies that are ready to assemble in a 2-inch, 3-ring binder, including a cover sheet and spine insert. The only difference between this version and the binder version is that you provide the binder! CD versions are also available for order at www.texasdiabetescouncil.org.



TEXAS DIABETES
COUNCIL
www.texasdiabetescouncil.org

**Texas Diabetes Council
Members**

Council members are appointed by the Governor and confirmed by the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, three consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are non-voting members.

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Austin TX 78714-9347

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